March 2010

Elizabeth Nuhfer, M.Res.
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Dear Friends and Colleagues- we look forward to welcoming you to Pittsburgh to the Marcé Society International Meeting, in Collaboration with Postpartum Support International!

Marcé Society Newsletter

The Marcé Society

In this issue:

Join Us

International
Marce Society
Conference 2010

October 27-30, 2010

Sheraton Station Square
300 W. Station Square

Pittsburgh, Pennsylvania
United States of America

Perinatal Mood Disorders in the DSM-V

There will be substantial new language used to describe Perinatal mood disorders in the upcoming DSM-V, so described in the memo written by Dr Ian Jones. One notable change includes the extension of onset of postpartum depression, where the specifier for depressive episodes will be extended up to 6 months as it was determined that for those with unipolar depression, a 4 week duration period was too restrictive. For those with bipolar disorder, severe manic or mixed episodes postpartum will continue to be defined as occurring within a duration of 4 weeks. In both cases, evidence supported maintaining a postpartum onset as opposed to an onset during pregnancy.

According to the memo, there has been clear supporting evidence of a relationship between severe affective psychosis and the early postpartum period for women with bipolar disorder. Women with bipolar disorder were 23 times more likely to be admitted in the first postpartum month for a bipolar episode and have a 1 in 4 risk for a severe recurrence in the immediate postpartum period. This rate can be increased if the woman has a family history of psychosis or experienced psychosis during an earlier delivery.

There seems to be convincing evidence regarding the relationship of unipolar depression and postpartum depression. The memo describes several studies that, after controlling for the presence of other risk factors, have found that the risk of postpartum depression two fold higher for unipolar depressed women. Consequently, the UK is now questioning whether the use of the terms "postpartum depression" and "postpartum psychosis" are necessary as there is evidence of a significant risk of worsening symptoms in the postpartum period for women with bipolar disorder or unipolar depression. Disposing of the terms PPD and PP may incur some negative consequences however, including the possibility of making some laypersons think the psychiatric community is questioning the existence of the two disorders.

For further discussion about the handling of perinatal disorders in DSM-V, read the next issue of the Archives of Women's Mental Health.

The DSM-V is now open for comments from you at this site: http://www.dsm5.org/Pages/Default.aspx

The Marcé Society

The American College of Obstetricians and Gynecologists

Postpartum Depression is the Top Priority for the New ACOG President

Taken from: American College of Obstetricians and Gynecologists. News Release, May 6, 2009

Chicago, IL -- Today Gerald F. Joseph Jr, MD, of Louisiana, became the 60th president of The American College of Obstetricians and Gynecologists (ACOG), based in Washington, DC. During his inaugural speech at ACOG's Annual Clinical Meeting, Dr. Joseph announced that postpartum depression is the theme of his presidential initiative.

"While in an ideal world, the newly delivered mother is at the peak of her reproductive health, with a beautiful child and, ideally, a supportive, loving family, this unfortunately is not always the case," said Dr. Joseph. "Studies show that this is a most vulnerable time for our patients, especially those prone to depression or those with a history of depression." Complicating matters is that the new mother often can't bring herself to admit to any problems or negative emotions due to societal pressures, he said. Instead of asking for help, she may feel guilty for not being 'grateful' or a 'good' mother.

Dr. Joseph explained that the 'baby blues,' which affect as many as 80% of new mothers, usually start early after delivery and spontaneously resolve within a very short period of time. "But what happens when these negative feelings don't resolve and true major depression becomes a part of the process?" he asked. "This can be devastating for the mother, the child, the partner, the family, and the ob-gyn who is caring for her."

There are three areas in particular that need to be addressed, according to Dr. Joseph. "First, we need to determine the true prevalence and incidence of

postpartum depression," he said. Because definitions of depression vary among different studies, postpartum depression is estimated to range anywhere from five percent to more than 25 percent, depending on these changing definitions and the diversity of populations studied. "Second, the available screening tools to assess potentially at-risk pregnant women often are imprecise and leave much to be desired. And, finally, we need to develop evidence-based guidelines for ACOG members to screen for postpartum depression."

"We also need to know how ACOG Fellows screen and identify patients suffering from postpartum depression," Dr. Joseph continued. "When do they counsel? How do they treat? Do they refer to other specialists for treatment? What kind of local programs are available for education and support? These are all questions that we need answers to."

In addition, Dr. Joseph said, "Let us hope that this is the year for real, meaningful health care reform. Effective, affordable health care needs to start on the front end with prevention of disease, rather than the acute care on the back end that too many of our citizens receive today. We end up caring for sicker patients and paying much more for expensive acute care rather than the less expensive preventive care. As president, I assure you that ACOG will continue to push for preventive care for all."

Dr. Joseph is a senior consultant in gynecology at the Ochsner Health Center in Covington, LA, and clinical assistant professor of obstetrics and gynecology at Louisiana State University and Tulane University in New Orleans. He has been an ACOG Fellow since 1978. Dr. Joseph has chaired the Committee on Scientific Program and the task forces on Enhancing Practice Satisfaction and District and Section Contributions. He has been a member of ACOG's Executive Board and has served as the Executive Board liaison to the Society for Maternal-Fetal Medicine. Dr. Joseph has served on the committees on Gynecologic Practice, Nominations, Credentials, and Long-Range Planning and on the task forces on Medical Student Recruitment, Nominations Process, and Scope of Practice. He has been a member of the Council of District Chairs, the Grievance Committee's Appeals Panel Committee, and the medical advisory board for pause® magazine.

Dr. Joseph has served in numerous regional leadership positions, including chair of ACOG District VII and the Louisiana Section. He has also served as District VII scientific program chair and as a member of the Missouri Section Advisory Council. Dr. Joseph is past president of the New Orleans Gynecological and Obstetrical Society and the Southeastern Obstetrical and Gynecological Society. He has been active in the Central Association of Obstetricians and Gynecologists for many years, serving as a member of the board of trustees and as vice president.

Dr. Joseph received his medical degree from Tulane University and completed his residency at Louisiana State University in Shreveport.

Pittsburgh Skyline, 1912

The Marcé Society

Women's Behavioral HealthCARE
Clinical Care Advocacy Research Education

Estrogen and Postpartum Depression: The "E2-Sert Study"

An NIMH funded study being conducted by Women's Behavioral HealthCARE seeks to find out if replenishing estrogen in a woman's body in the postpartum period can help alleviate postpartum depression. From our postpartum depression screening study at Magee-Womens Hospital in Pittsburgh, PA, we know that 14.6% of women who deliver have questionnaire responses suggestive of postpartum depression at 4-6 weeks after birth. Our new study, **Transdermal Estradiol for Postpartum Depression,** supported by the National Institute of Mental Health can address this treatment need.

This is a study of estradiol skin patch treatment for postpartum depression. We will compare women's treatment responses to estradiol, sertraline (Zoloft) and placebo. It is important to note that placebo treatment for depression results in improvement in about 30% or more of women, probably due to education, support and expert monitoring. For mothers who improve with treatment over 8 weeks, we will continue treatment through 6 months postpartum. We will also evaluate infant development at 6 months.

What are the benefits of participation? All enrolled women receive an expert psychiatric assessment, consultation with treatment recommendations, and a review of mental health care options whether they decide to participate in the study or not. These services are provided free of charge by an internationally recognized team of perinatal psychiatry specialists (Drs. Wisner, Sit and Famy). We also provide breastfeeding information, childcare for appointments, an honorarium for attendance at our clinical program, study medication without cost, and the hope of making treatments better for postpartum women of the future. You are appropriate for this study if you are:

- Ages 18-45
- No more than 12 weeks postpartum
- Breastfeeding or Bottlefeeding
- Medically healthy
- Not on an antidepressant currently, unless it is ineffective
- Smoke < ½ pack cigarettes per day or are willing to cut down or quit

For more information, please visit http://www.womensbehavioralhealthcare.org or call 1-800-436-2461.

International Marcé Society Conference 2010

The Marcé Society, with our partners from Postpartum Support International, PSI (www.postpartum.net) envision a world in which perinatal mental illnesses are prevented and cured. To dovetail with the strategic plan of NIMH, the Marcé Society conference will be organized according to the plan's aims. The four themes of the strategic plan have been adapted to structure the program content (www.nimh.nih.gov/about/strategic-planning-reports/index.shtml): 1) Promote discovery in the brain and behavioral sciences to fuel research on the causes of perinatal mental disorders; 2) Chart perinatal mental illness trajectories to determine when, where, and how to intervene; 3) Develop new and better interventions that incorporate the diverse needs and circumstances of women with perinatal mental illnesses and their families; 4) Strengthen the public health impact of NIMH-supported research for women with perinatal disorders and their families. Elaboration of these themes is presented below. **We are now accepting abstracts in this broad group of topics --- Deadline April 1, 2010!**

Schedule of Events and Tentative Topic Areas

Tuesday, 26 October 2010 Educational In-service by PSI

Wednesday, 27 October 2010 (pre-conference workshops):

Interpersonal Psychotherapy for Perinatal Depression
Sustaining Postpartum Support Networks
Evidence-Based Pharmacotherapy during Pregnancy
Interpersonal and Social Rhythms Therapy during Childbearing
Perinatal Mental Health–Concept Development to Funded Research (Modeling of an NIH Study Section Review)
Starting Your Program in Perinatal Mental Health

Opening Keynote Lecture 1
Title Pending. Mrs. Rosalynn Carter has been invited

Thursday, 28 October 2010:

Contributions of Perinatal Mental Health Research to the Field of Psychology
Contributions of Perinatal Mental Health Research to the Field of Psychiatry
Perinatal Mental Health Research and Infant Behavior Disorders: Strategizing to Optimize Early Development
Biopsychosocial Contributions of Fathers to Pregnancy Outcome

Friday, 29 October 2010:

The Lived Experience of Postpartum Disorder
Antidepressants/Antimanic Agents during Pregnancy
Prenatal Antidepressants and/or Depression on Offspring Development
Vertical Transmission of Risk from Caregiver to Infant

Saturday, 30 October 2010:

Marce Medalist Presentation
The Channi Kumar Lecture
FDA's Pregnancy Labeling: Improving Prescribing Information

International Marcé Society Conference 2010: Themes

NIMH Theme 1: Promote discovery in the brain and behavioral sciences to fuel research on the causes of perinatal mental disorders
Stress During Pregnancy
Chronobiological Manipulations as Clues to Perinatal Brain Function
Brain Imaging
Messages from the Womb: Fetal Neurobehavior
Nutrition and the Brain
Genetics: Contributions of Perinatal Mental Health
Immune Function
Animal Models for Perinatal Mental Health

NIMH Theme 2: Chart perinatal mental illness trajectories to determine when, where and how to intervene
Perinatal Substance Use and Comorbidities
Female Development
Screening for Perinatal Disorders
Childbirth and Women with Bipolar Disorder

NIMH Theme 2: Chart perinatal mental illness trajectories to determine when, where and how to intervene
Eating Disorders: Impact on Pregnancy and Infant Feeding Practices
Antidepressant Treatment Across Pregnancy
Integrative Medicine
Personalization of Treatment during Pregnancy

NIMH Theme 3: Develop new and better interventions that incorporate the diverse needs and circumstances of women with perinatal mental illness and their families
Novel Treatments for Perinatal Women
Improving Treatment Delivery Models
Prevention of Perinatal Depression
Cultural and Ethnic Impacts on Treatment

NIMH Theme 4: Strengthen the public health impact of NIMH supported research for women with perinatal disorders and their families
Mental Health Services/Policy
New Investigator Symposium 1
Legal Issues
Novel Services Models
Getting the Science to the Community
Advocacy Models to support Research Implementation
Investigator Symposium 2
Inclusion of Infants and Families into Perinatal Mental Health Care

Call for Abstracts

President Katherine L. Wisner, M.D., M.S., has selected the overarching theme of the Marcé Society 2010 meeting: Perinatal Mental Health Research: Harvesting the Potential. Abstracts from multidisciplinary professionals world wide, members of PSI, and consumers a will be considered for the following Presentation Formats:

- Oral Paper Presentations-may be submitted by individuals. Sessions will consist of 20 minute presentations followed by discussion, and may be incorporated into a symposium with related papers. If papers are not accepted for oral presentation, they will be considered for the poster format (see below).

- Proposals for symposia- which will consist of four 20 minute presentations moderated by a chair, may be submitted. Each submission will consist of:
  1. Title of Symposium (please enter in abstract title field)
  2. Contact information for chairperson (please enter in author contact field)
  3. Abstracts for each of the four presentations. Each abstract must follow recommended format. **Please submit all four (4) abstracts in one (1) MSWord attachment and insert into abstract field.**

In keeping with this, there will be **one** submission for each symposia submission, which will include symposium title, contact info for chairperson, and one attachment with all four abstracts. The chairperson may be one of the participants presenting a paper.

- Special Interest Group. This is a new format for the meeting that provides an informal discussion opportunity; no slides are allowed! Two organizers must be named to lead a discussion of a novel (not usually included in Marcé meetings) topic of interest to the membership. All members will be welcome to join the discussion.
- Posters. Posters are visual displays of program descriptions, research findings, clinical information or other topic content of interest to the Society. A rapid presentation option (10 minute summaries) will be available during the general poster session. Please add a statement to the end of your abstract if you must present an oral paper to obtain funding support.

All accepted abstracts will be published in the official journal of the Marcé Society, the Archives of Women's Mental Health.

Acupuncture for Depression in Pregnancy

A recent randomized controlled trial found that pregnant women who received acupuncture specific for depression experienced a greater decrease in symptom severity rate than those women who received acupuncture not specific for depression or massage. Women who received acupuncture specific for depression experienced a significantly greater reduction in their ratings on the Hamilton Rating Scale for Depression. However, the remission rates were not significantly different between the three groups. Additionally, the treating acupuncturists expectations were significantly lower for the group of women receiving acupuncture not specific for depression than the group receiving acupuncture specific for depression, suggesting that there may not have been a sufficient blind maintained for the acupuncturist treatment providers. The article concluded that their acupuncture protocol yielded a response rate comparable to those of standard treatments for depression with few mild side effects making acupuncture a viable option for the treatment of depression during pregnancy.

Rachel Manber, PhD, Rosa N. Schnyer, DAOM, LAc, Deirdre Lyell, MD, Andrea S. Chambers, PhD, Aaron B. Caughey, MD, PhD, Maurice Druzin, MD, Erin Carlyle, MS, Christine Celio, MS, Jenna L. Gress, BA, Mary I. Huang, MS, Tasha Kalista, MA, Robin Martin-Okada, BS, and John J. B. Allen, PhD. (March 2010). **Acupuncture for Depression During Pregnancy** *American College of Obstetricians and Gynecologists, Vol. 115, No 3, 511-520.*